



Challenge TB - Ukraine

**Year 1
Monitoring Report
October 2014 - March 2015**

Submission date: April 30, 2015

Challenge TB Year 1 Quarterly Report

Country: Ukraine

Reporting period: October 2014 - March 2015

Lead partner: PATH

Other partners: KNCV

Most Significant Achievements:

During the reporting period, PATH staff, in collaboration with The Royal Netherlands Tuberculosis Foundation (KNCV), United States Agency for International Development (USAID), NTP, and other partners, developed the project year 1 work plan.

For year 1, two oblasts, Mykolayivska and Poltavska, were selected for project implementation based on epidemiological data and the political commitment of the health care network in these oblasts. The PATH team conducted an assessment mission in project oblasts to review current TB and MDR-TB treatment practices and develop recommendations to inform project implementation. The main barriers to proper case management at inpatient and outpatient stage of treatment that were revealed included the insufficient drug supply, poor capacity and preparedness of the primary health system to provide care to MDR-TB patients, lack of supply and limited resources of the lab system to monitor treatment, improper management of side effects, poor understanding of and practices in infection control, and stigma against MDR-TB patients in non-TB facilities. As the result of the assessment, maps of primary health care services and TB and MDR-TB services that are available in the project areas were developed.

A number of meetings and roundtable discussions were convened with consultants, NTP staff, oblast TB specialists, World Health Organization (WHO), the National Institute of Phthisiology and Pulmonology, and others to discuss the challenges of diagnosing and treating MDR/ XDR TB and provide recommendations for promoting better treatment quality and outcomes and preventing infection with XDR-TB among patients.

PATH worked closely with oblast health administration leaders to ensure their compliance with proposed approaches and models for ongoing health reform. PATH's goal was to ensure that they employed a patient-centered approach to MDR-TB treatment by efficiently integrating primary health care-level providers into MDR/XDR-TB control efforts. PATH engaged all possible service providers at the ground level in developing the ambulatory care algorithm. PATH advocated for a shortened period of hospitalization of MDR-TB patients and for provision of ambulatory care immediately after sputum conversion, which would continue throughout the entire course of treatment. The algorithm will also ensure the continuum of care for MDR-TB patients at the outpatient stage based on patient-centered principles.

Oblast monitoring and evaluation plans were revised in accordance to the project recommendations, with specific focus on ambulatory treatment of MDR-TB patients. Drafts of TB training curricula, which incorporate the latest WHO recommendations, were developed. The drafts will be finalized and used for the training of TB and primary health care providers during quarter 3 of year 1 of the project.

Technical and Administrative Challenges:

Administrative Challenges

The award agreement between KNCV and PATH was signed during first week of April 2015. According to PATH policy, no subagreements can be issued before a donor agreement is executed by both parties. This caused delays in the involvement of the Red Cross as subrecipient and consultants in project activities. To mitigate this challenge, all preparatory work for the subagreements was done in advance.

PATH is actively working to sign memorandums (protocols) of understanding with the project recipients. This process involves USAID, KNCV, PATH's headquarters, Ukraine health authorities, and project recipients. Having multiple parties involved slows down the process; it also adds the challenge of working with the organizations' different requirements, rules, and business practices. Memorandum with the project sites is required not only to have formal relations with the recipients but also to adhere to the legal requirement of project registration in Ukraine.

Technical Challenges

Treatment monitoring using laboratory tests is not followed fully at the inpatient-treatment stage and is very limited at the ambulatory stage of treatment. Government laboratories have limited technical capacity and inadequate equipment and supplies. Private labs are able to do some of these investigations for profit but neither the TB program nor patients can cover the cost.

There is lack of government and social support for patients, except from the URC, which provides support to a limited number of MDR-TB patients and only through GFATM. It makes this support inconsistent and not sustainable.

The organization of infection control (IC) at the primary health care level and providers' understanding of the main principles of IC control are poor. Mykolayivska oblast has no oblast IC plan. At the same time, the lack of understanding regarding IC and fear of contracting MDR-TB contribute to stigma against patients on ambulatory treatment in non-TB facilities.

The underlying barrier to TB care and prevention is the effect the ongoing political conflict has had on Ukraine's economy as well as the priority given to health. At present, all available resources have been diverted to the conflict and defense activities. With fewer financial resources available in general because of the devalued currency and flight of businesses from Ukraine, there are few opportunities to advocate for increased spending on TB.

Challenge TB Quarterly Report - Success Story

Country: Ukraine

Reporting period: October 2014 - March 2015

Lead partner: PATH

Other partners: KNCV

Planned Success Story Idea for Year 1

In the project oblasts, primary health care providers continue to lack the confidence to take on ambulatory treatment of MDR-TB patients. Stigma and misconceptions related to MDR-TB remain high among primary health care staff. They lack the skills and experience to treat MDR-TB patients, track their progress, and manage side effects. Treatment is often complicated by multiple co-morbidities, including HIV and drug use.

By the end of the year, the project will work with these primary health care providers to build their competence to provide competent, compassionate, and patient-centered care to MDR-TB patients on an ambulatory basis. This will allow patients greater access to care, a higher quality of care, and care that meets their particular needs in alignment with health reforms that promote ambulatory services. The success story will describe greater satisfaction among providers and patients and less loss to follow-up among MDR-TB patients.

The success story falls under which sub-objective?

3. Patient-centered care and treatment

The success story falls under which intervention area?

3.2. Access to quality treatment and care ensured for TB, DR TB and TB/HIV for all risk groups from all care providers

Status update of the success story

Challenge TB Quarterly Report - Status of activities

Country:	Ukraine	Reporting period:	October 2014 - March 2015
Lead partner:	PATH	Other partners:	KNCV

Sub-objective:	1. Enabling environment									
Intervention areas	Planned Key Activities for the Current	Activity number	Planned Milestones				Milestone status	met? (Met, partially,	Remarks (reason for not meeting milestone or other key information)	
			Oct-Dec 2014	Jan-Mar 2015	Apr-Jun 2015	Jul-Sep 2015	Oct 2014 - Mar 2015			
1.4. Provider side: Patient centered approach integrated into routine TB services for all care providers for a supportive environment	Assessment and mapping of existing practices/services of MDR-TB case management in project sites	1.4.1	discussion of Challenge TB sites selection with NTP, USAID Mission, KNCV team and USAID DC	assessment conducted	report submitted		Following the agreement to support Mykolayivska and Poltavska oblasts, PATH, in close collaboration with UCDC, USAID Mission, and local authorities, conducted introductory assessment visits to both oblasts. The project team shared results of the baseline assessment with local health authorities to develop the strategy and specific action plans for each oblast and the specific support needed for project implementation in both oblasts. The main findings of the assessment include the following: <ul style="list-style-type: none">• In both oblasts, MDR-TB patients receive treatment in TB hospitals for an average of 6 to 10 months.• Collaboration among TB services and the primary health care network in both oblasts is limited and not well defined. Even during the outpatient stage of treatment, patients often continue to receive drugs in the TB dispensaries often for a few weeks at one time without direct observation• Monitoring of treatment at the outpatient stage is missed. Laboratory monitoring of treatment at the outpatient stage to prevent side effects and complications is almost never conducted or is limited to few simple tests mostly because of lack of lab supplies.• Side effects during MDR-TB treatment are one of the main reasons for treatment interruption.• Stockouts of a few TB drugs last year caused approximately eight months of treatment delay in a number of patients.• Patients' pathways are described in the local TB protocols but often are not followed or monitored.• The provision of psychosocial support to TB and especially MDR-TB patients is currently limited to the GFATM grant and defined as a standardized food package distribution and delivering of pills. However, specific patient's needs that may threaten their ability to complete treatment are not identified and addressed. Lack of a permanent source of funding to support patient treatment adherence creates inconsistencies in the rate of treatment success: for instance, interruption in GFATM grant funding leads to interruption of patient support, and therefore increases treatment interruption or cessation among TB and MDR-TB patients. Other findings are described under specific sub-objectives of this report. The map of each oblast TB services has been developed, and will be used for project implementation.	Met	Poltavska and Mykolayivska oblasts were selected as the project sites for year 1 for the following reasons: Poltavska was selected due to a high commitment to implement the project and the oblast's previous participation in TB 2015 work. Mykolayivska oblast was selected due to the high TB-HIV prevalence, and a special need to provide technical assistance to the level 3 laboratory in Mykolayiv that recently was equipped with a GenoType MTBDRplus (Hain) test which will be used in suspected MDR-TB patients.	
	Development of algorithm of MDR-TB out-patient case management for project sites	1.4.2		Meetings and working group discussion on the algorithm.	Draft algorithm	Final algorithm in Poltava oblast, draft algorithm in the new oblast to be finalized in Year 2	In each oblast, one meeting and one broader roundtable were conducted to discuss approaches to the algorithm on MDR-TB ambulatory care. Meetings with key leadership were held in Poltava on February 4, 2015 and in Mykolaiv on February 16, 2015. Roundtable discussions with broader stakeholders were held in Poltava on February 5, 2015 and in Mykolaiv on February 26, 2015; the stakeholders in these discussions included representatives of the city, rural primary health providers, general practitioners, TB providers at all levels of care, infection specialists, and representatives of the Red Cross and other civil society organizations. The main barriers discussed during the round tables were: concerns of TB providers that patients will be lost to follow-up soon after discharge, and that TB hospitals' funding and staffing will be reduced because of shorter patient/bed ratio as funding continues to be calculated based on the number of in-patient bed-days; concerns of primary health care providers to deal with MDR TB patients due to the inadequate infection control measures; from the health system standpoint, lack of coordination between different services to ensure proper ambulatory care of MDR TB and poor preparedness of the primary health care providers in MDR TB case management. Working groups for the algorithm development were created in both oblasts.	Met		
	Design and plan OR to assess cost per MDR-TB patient	1.4.3				Draft OR protocol and	Final OR protocol and plan	Planned in subsequent quarters.	Met	

Sub-objective: 3. Patient-centered care and treatment										
Intervention areas	Planned Key Activities for the Current Year	Activity number	Planned Milestones				Milestone status		met? (Met, partially, Not Met)	Remarks (reason for not meeting milestone or other key information)
			Oct-Dec 2014	Jan-Mar 2015	Apr-Jun 2015	Jul-Sep 2015	Oct 2014 - Mar 2015			
3.2. Access to quality treatment and care ensured for TB, DR TB and TB/HIV for all risk groups from all care providers	Advocate to Health Care authorities in project sites for expanding TB services to PHC - Design desired model of collaboration and partner involvement into MDR-TB out-patient case management	3.2.1		Round tables at oblast level conducted - Draft model of collaboration	Round tables at district level conducted - model reviewed	final models available	A roundtable discussion was conducted in Poltava on February 4, 2015. There were 12 participants, including the Chief of Health Administration, Dr. Victor Lysak; the chief oblast therapist; and two PATH staff. A roundtable discussion in Mykolaiv was held on February 17, 2015, with 18 participants, including the Chief of Health Administration, Dr. Mariana Kapusta; leaders of the oblast primary health and sanitary system; heads of central rayon hospitals, the chief doctor of the TB hospital, chief oblast TB specialist, and three PATH staff. In both sites, oblast leadership were supportive of the project and constructive in their suggestions. During these roundtable discussions, the oblast-level model of interaction and collaboration was discussed. It was decided that, in order to ensure effective collaboration and resource use, the draft model would be discussed, developed, and then formalized and approved through an oblast order.		Met	
	Design desired model of collaboration and partner involvement into MDR-TB out-patient case management - Implement community based models of care with support of Ukrainian Red Cross (URC) to ensure treatment adherence and completion; Test the possibility ???	3.2.2	Discussion with URC on the subaward development, budget and SOW.	15 MDR TB patients receive support and care at the outpatient stage of treatment	40 MDR TB patients receive support and care at the outpatient stage of treatment	75 MDR TB patients total receive support and care at the outpatient stage of treatment	Patients will be enrolled into support in the third quarter.		Not Met	PATH developed a subagreement with the National Committee of URC to provide support for up to 100 MDR-TB patients at the ambulatory stage of TB treatment who are not supported by the GFATM grant in Poltavska and Mykolayivska oblasts. The signing of the subagreement and implementation of activities under the subagreement was delayed due to the delayed signing of the agreement between KNCV and PATH until the third quarter of the project (April 2015). Thus, the patients will be enrolled into support in the third quarter.
	Development of a list of drugs for side-effects management and check its availability at oblast level	3.2.3			List of drugs for side-effects management developed		Planned in subsequent quarters.		Met	
	Development of clinical guidelines	3.2.4			Draft guideline side-effects, MDR case guidelines printed		Maria Idrissova, the Senior Regional TB advisor of the KNCV Representative Office in Central Asia visited Ukraine on March 16–20, 2015. The purpose of the visit was to provide technical assistance to NTP in preparing and developing a clinical guideline for side-effect management to ensure effective treatment and care of TB (drug-resistant TB) patients in accordance with WHO recommendations. The goal of the visit was to review current side-effects management practices and develop recommendations to include in the new national guideline. The work meetings were conducted with the participation of local partners from UCDC, the State Expert Center Regulatory System Department of Pharmacovigilance, the Pharmacology Department for Post-Registration Supervision, the National TB Institute MDR-TB scientific department, and practitioners from the pilot sites of Poltavska and Mykolayivska oblasts. Participants achieved consensus on the content of the clinical guideline for side-effect management and the timeline of the guideline		Met	
	Create TB/diabetes comorbidity profile in project oblasts	3.2.5			questionnaire for assessment developed	Report/discussion paper	Planned in subsequent quarters.		Met	

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Sub-objective: 7. Political commitment and leadership								
Intervention areas	Planned Key Activities for the Current Year	Activity number	Planned Milestones				Milestone status	met? (Met, partially, Not Met)
			Oct-Dec 2014	Jan-Mar 2015	Apr-Jun 2015	Jul-Sep 2015		
7.1. Endorsed, responsive, prioritized and costed strategic plan available	WHO country NTP review	7.1.1		March field visits	report preparation		The NTP review postponed to April 2015.	Not Met
	MDR-TB national scale-up plan	7.1.2			Review of the tool, collaboration with NTP on the	working group on the draft MDR TB plan development	Planned in subsequent quarters.	Met
7.2. In-country political commitment strengthened	Project launch at National level	7.2.1		~ Feb24 event conducted			The project launch was postponed to May 2015.	Not Met
	Stakeholders meetings in project sites	7.2.2			two oblast launch meetings conducted		Planned in subsequent quarters.	Met
	National conference on MDR TB case m	7.2.3		3/26/2014 presentations			A national conference titled, "Urgent Issues of MDR-TB Case Management at the Inpatient and Outpatient Stages, International Approaches and National Experience" was conducted by the National Institute for Phthisiology and Pulmonology of the National Academy of Medical Sciences in Kyiv on March 26, 2015. The aim of the conference was to present and discuss current approaches to outpatient MDR/XDR-TB care in Ukraine within the framework of the health care system reform that the country has recently undertaken. The CTB project presented the project's goal and plan for the first year and discussed the main problems and barriers to conduct effective MDR-TB case management at inpatient and ambulatory phases of treatment. In addition, PATH supported part of the logistical arrangements for this conference, including: Collection and arrangement of participant lists from all oblasts and agencies. Provision of stationery and compilation of conference kits. Participant registration at the conference. Reimbursement of participant travel expenses. Overall, 186 persons participated in the event; represented were chief and deputy chief doctors, TB and MDR-TB specialists, and MDR-TB departments heads of oblast TB dispensaries from 23 oblasts of Ukraine and Kyiv City (except for Luhanska oblast and the Crimea). In addition, TB chairs of the National Medical University and National Medical Academy of Continuous Medical Education, the deputy director and main TB specialists of UCDC, TB specialists of the State Penitentiary Service of Ukraine, and TB/MDR-TB advisors from USAID and WHO actively participated in the conference and presented the latest international and national approaches on MDR-TB case management.	Met

Sub-objective:		11. Human resource development							
Intervention areas	Planned Key Activities for the Current Year	Activity number	Planned Milestones				Milestone status	met? (Met, partially,	Remarks (reason for not meeting milestone or other key information)
			Oct-Dec 2014	Jan-Mar 2015	Apr-Jun 2015	Jul-Sep 2015			
11.1. Qualified staff available and supportive supervisory systems in place	Curricula development for MDR-TB case management training	11.1.1		First draft Curriculum developed	Curriculum is finalized and available for trainings		During the reporting period, PATH and consultants worked on developing a comprehensive training curriculum on TB case management, reflecting the newest WHO guidelines and recommendations as well as the Ukrainian TB protocol approved in 2014 (Order #620). Training materials included a training agenda, a set of training modules, curriculum methodology, training presentations, cases, role-plays, tasks for individuals, and group exercises. This curriculum will address all areas of TB, MDR/XDR-TB, TB-HIV diagnostic and case management, infection control, and monitoring and evaluation, with special attention to the ambulatory stage of care. The curriculum will be used by PATH staff and local Ukrainian consultants for conducting training events in project sites; the curriculum is versatile and can be tailored to the needs of particular audiences within the project components. These include the following: TB providers, infection specialists of AIDS centers, primary health care providers, nurses of TB hospitals, DOTs offices, family ambulances, Red Cross nurses, and others. The draft curriculum has been prepared; it will	Met	
	Trainings on MDR-TB case management.	11.1.2			40 providers trained		Planned in subsequent quarters.	Met	
	On job workshop for MDR TB Central Doctor Consultative Commission (CDCC) members	11.1.3			members of the CDCC in the new oblast trained		Planned in subsequent quarters.	Met	
	Training for PHC, URC and NGOs in MDR-TB case management at ambulatory stage	11.1.4			40 providers trained		Planned in subsequent quarters.	Met	
	Study tour	11.1.5		Planning of the study tour in collaboration with the Riga WHO Collaborative MDR/XDR TB training Center	Selection of the tour participants, logistic preparation.	Study tour conducted	A study tour to the WHO Collaborating Centre for Research and Training in Management of Multidrug-Resistant Tuberculosis was planned for partners from project oblasts: oblast health department leadership, and representatives from TB hospitals and primary health care clinics (in total, comprising a team of 15 Ukrainian health care providers). The purpose of the tour is to learn about Latvia's successful MDR/XDR-TB ambulatory care model and supervision approaches. Lessons learnt from this tour will be used for routine implementation of the ambulatory MDR-TB care model in the project oblasts. The tour is scheduled for July 13–24, 2015.	Met	

Sub-objective:		12. Technical supervision							
Intervention areas	Planned Key Activities for the Current Year	Activity number	Planned Milestones				Milestone status	met? (Met, partially, Met	Remarks (reason for not meeting milestone or other key information)
			Oct-Dec 2014	Jan-Mar 2015	Apr-Jun 2015	Jul-Sep 2015	Oct 2014 - Mar 2015		
12.1. Technical supervision	KNCV and PATH HQ - WP development (Dec 8-12, 2014)	12.1.1	WP developed				WP developed and approved.	Met	

Challenge TB Quarterly Report - Global Fund Engagement

Country	Ukraine	Reporting period:	October 2014 - March 2015
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Current Global Fund TB Grants				
Name (i.e. NFM 1)	Average rating*	Current rating	Total approved amount	Total dispersed to date
Joint TB/HIV Grant	B1	B1	US\$ 133,508,128	US\$ 13.841.963

*Since January 2010

In-country Global Fund status - key updates, current conditions, challenges and bottlenecks

Ukraine is currently implementing a joint TB and HIV grant for 2015–2017, which combines the activities included in an HIV round 10 proposal and a TB round 9 proposal. The grant is being managed by three principal recipients (PRs): the Ukrainian Center for Socially Dangerous Diseases Control (UCDC) of the Ministry of Health of Ukraine, All-Ukrainian Network of People Living with HIV/AIDS, and International HIV/AIDS Alliance in Ukraine. The proposed grant is expected to partially fill the weaknesses and gaps of the state-funded National AIDS Program 2014–2018 and the National TB Program 2012–2016.

Initially, technical assistance in TB under this grant was almost omitted in the new grant concept, which focused activities on the procurement of second-line drugs and diagnostic supplies and included minimum support for capacity-building and technical assistance in other areas. The implementation of the grant started on January 1, 2015. During the first quarter of 2015, activities were focused on the identification of subrecipients, technical and financial management negotiations with the GFATM, and other start-up activities. The work plan then was revised to strengthen technical assistance to TB providers, including capacity-building and patient support during treatment. The creation of six training centers that will conduct trainings for TB providers was introduced to and approved by GFATM. These centers will be created in Dnipropetrovsk, Kharkiv, Lviv, Kyiv, Vinnytsya and Zaporizhzhya. Thus, the grant activities henceforth will focus on technical assistance and capacity-building to TB providers. Primary health care providers will not be involved in grant implementation, and the comprehensive ambulatory case management approach will not be directly strengthened under this grant.

To ensure support of patients for treatment adherence, two grant subrecipients have been identified and approved: PLWHA Network to support patients with drug-sensitive tuberculosis and the Red Cross Society to support patients with MDR-TB; these MDR-TB patients will receive treatment under the GFATM grant (approximately 50% of all MDR-TB patients).

The State Penitentiary Service of Ukraine was approved as the subrecipient for TB case management activities in prisons, as it was defined in the grant concept note.

Challenge TB & Global Fund - Challenge TB involvement in GF support/implementation, any actions taken during this reporting period

During the reporting period, the project team had a number of meetings and consultant communications with the UCDC. The purpose was to ensure coordination of project activities with NTP priorities and with national- and regional-level interventions in TB under the GFATM grant to avoid duplication of efforts and overlapping of activities. PATH participated in the GFATM stakeholders' meeting, where UCDC presented grant vision of capacity-building and training of TB providers at the newly created training centers.

At the regional level, the project conducted meetings with the regional organizations of the PLWHA Network, which will provide support to drug-sensitive TB patients under the GFATM grant. The purpose of the meetings was to ensure proper understanding of the activities and the approach to select patients to support. Detailed planning meetings were conducted with the Red Cross Society regional units to discuss the approach for the MDR-TB patient selection under the GFATM grant, in order to properly plan the project support activities and avoid overlapping.

Challenge TB Quarterly Report - MDR-TB Update

Country	Ukraine	Reporting period	October 2014 - March 2015
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MDR TB cases diagnosed and put on treatment in country

Quarter	Number of MDR cases diagnosed	Number of MDR cases put on treatment	Comments:
Total 2010	6055	3870	Data are as reported to WHO. http://apps.who.int/gho/data/node.main.MDRTB?lang=en 2014 data will be available in May 2015 according to the official data collection cycle.
Total 2011	4530	4957	
Total 2012	7615	7672	
Total 2013	10585	9000	
Total 2014			
Jan-Mar 2015			
Apr-Jun 2015			
Jul-Sep 2015			
Oct-Dec 2015			
Total 2015			

Challenge TB-supported International Visits (technical and management-related trips)

[illegible]

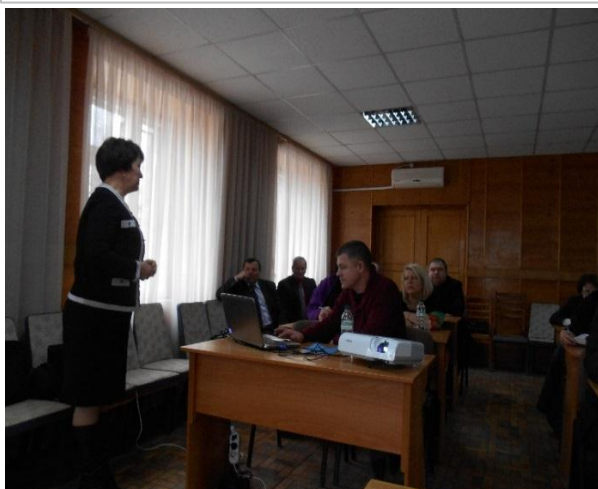
Quarterly Photos (as well as tables, charts and other relevant materials)



Meeting with stakeholders in Poltava on February 5, 2015



National conference titled, "Urgent Issues of MDR-TB Case Management at the Inpatient and Outpatient Stages, International Approaches and National Experience" in Kyiv on March 26, 2015



Discussing approaches to the algorithm on MDR-TB ambulatory care in Mykolayivska oblast on February 16, 2015